FOREST DENTAL CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: _____

This Notice describes how your medical and dental information may be used and disclosed and how you can obtain access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

Forest Dental Center is committed to protecting the privacy and security of your protected health information (PHI). We are required by law to maintain the privacy of your health information, provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental treatment and related healthcare services. This may include sharing information with specialists, laboratories, pharmacies, physicians, or other healthcare providers involved in your care.

Payment

We may use and disclose your health information to obtain payment for services rendered. This may include billing insurance companies, obtaining prior authorizations, verifying benefits, and collecting outstanding balances.

Healthcare Operations

We may use and disclose your health information for practice operations, including quality assessment, staff training, credentialing, licensing, auditing, compliance activities, customer service, and business planning.

USE OF ARTIFICIAL INTELLIGENCE (AI) TECHNOLOGY

Forest Dental Center may utilize artificial intelligence (AI) and other advanced technology tools to support administrative, operational, and clinical functions within our practice. These technologies may assist with:

- Clinical documentation and charting
- Treatment planning support
- Diagnostic assistance and image analysis
- Insurance claim preparation and submission
- Appointment scheduling and patient communications
- Quality assurance and workflow improvement
- Administrative and operational efficiency

Any AI technology utilized by our practice is subject to applicable privacy and security safeguards. We take reasonable measures to ensure that vendors and service providers handling protected health information comply with applicable federal and state privacy and security requirements, including HIPAA where applicable.

AI technologies are used to assist our providers and staff and do not replace professional clinical judgment. All treatment decisions remain the responsibility of licensed healthcare professionals.

APPOINTMENT REMINDERS AND COMMUNICATIONS

We may contact you regarding appointments, treatment recommendations, recalls, insurance matters, billing questions, or other healthcare-related information by:

- Telephone
- Voicemail

- Text message
- Email
- Postal mail
- Patient portal communications

INDIVIDUALS INVOLVED IN YOUR CARE

Unless you object, we may disclose relevant information to family members, friends, caregivers, or others involved in your care or payment for your care.

HEALTH-RELATED SERVICES

We may use your information to contact you about treatment options, preventive care, health-related benefits, services, and educational information that may be of interest to you.

AS REQUIRED BY LAW

We may disclose your information when required by federal, state, or local law, including public health reporting, law enforcement requests, judicial proceedings, workers' compensation claims, and other legally authorized purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. Inspect and obtain a copy of your records.
2. Request amendments to your records.
3. Receive an accounting of certain disclosures.
4. Request restrictions on certain uses and disclosures.
5. Request confidential communications.
6. Obtain a paper copy of this Notice.
7. File a complaint if you believe your privacy rights have been violated.

Requests must be submitted in writing when required by law.

OUR RESPONSIBILITIES

Forest Dental Center is required to:

- Maintain the privacy of your health information.
- Provide you with this Notice.
- Notify you following a breach of unsecured protected health information when required by law.
- Follow the privacy practices described in this Notice.

We reserve the right to revise this Notice and make the revised Notice effective for all protected health information we maintain. Updated Notices will be available in our office and upon request.

QUESTIONS OR COMPLAINTS

If you have questions regarding this Notice or wish to file a privacy complaint, please contact:

Privacy Officer
Forest Dental Center
_____
_____
Phone: _____

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a copy of Forest Dental Center's Notice of Privacy Practices. I understand that this Notice describes how my protected health information may be used and disclosed, including the practice's use of artificial intelligence (AI) technology to assist with administrative, operational, documentation, diagnostic support, and other healthcare-related functions.

I understand that AI technology is used as a support tool and does not replace the professional judgment of my healthcare providers.

Patient Name: _____

Date of Birth: _____

Signature of Patient or Personal Representative:

Date: _____

If signed by personal representative:

Representative Name: _____

Relationship to Patient: _____

OFFICE USE ONLY

Unable to obtain acknowledgment because:

□ Patient declined to sign

□ Patient unable to sign

□ Emergency treatment situation

□ Other: _____

Staff Initials: _____ Date: _____